

TIP NO.: _____ COUNTY: _____ DATE: _____

STATION & DESCRIPTION: _____

PIER LOCATION: BENT NO. _____ PIER NO. _____

N. C. DEPT. OF TRANSPORTATION
DRILLED PIER INSPECTION FORM
SLURRY METHOD

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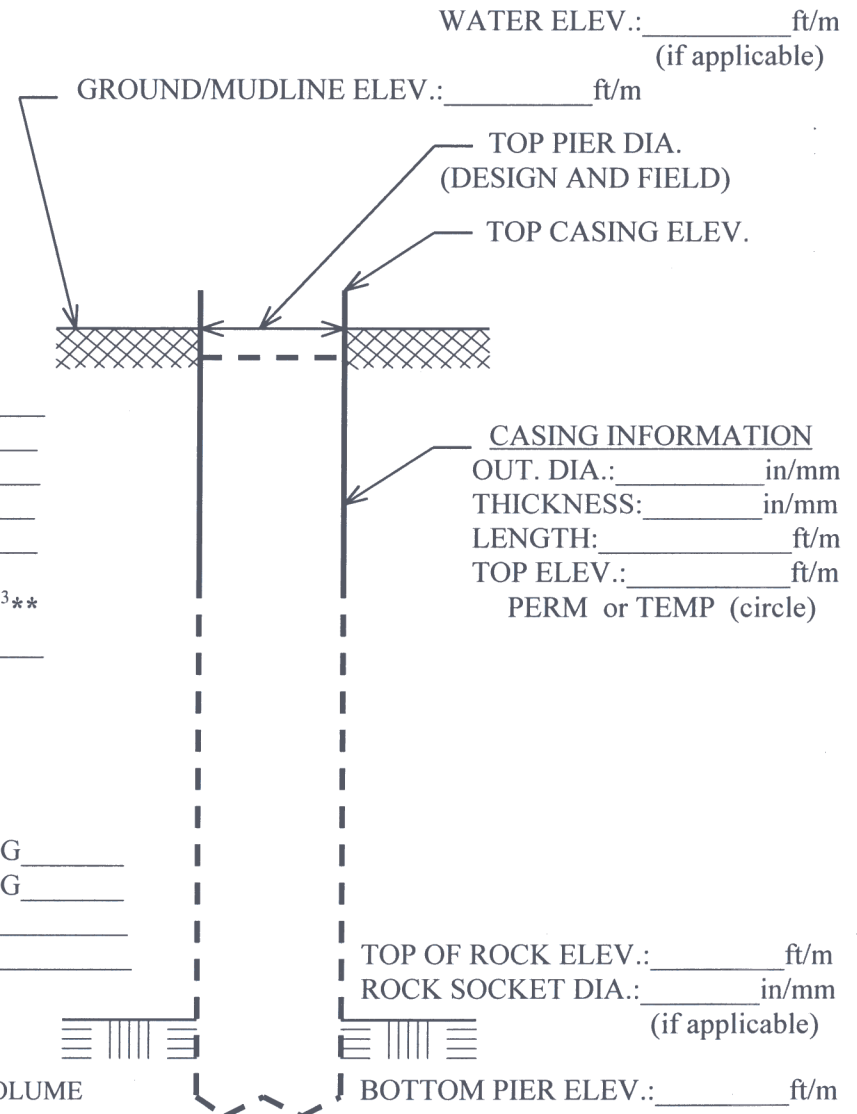
Attach a copy of corresponding SID Inspection Form, if applicable, and Drilling Log and forward copies of all forms to either Mr. K. J. Kim, Eastern Regional Geotechnical Manager (Divisions 1 through 7), or Mr. John Pilipchuk, Western Regional Geotechnical Manager (Divisions 8 through 14).

	<u>DESIGN</u> <u>MEASUREMENTS</u>	<u>FIELD</u> <u>MEASUREMENTS</u>
TOP PIER ELEV. (ft/m):	_____	_____
BOTTOM PIER ELEV. (ft/m):	_____	_____
TOP PIER DIA. (in/mm):	_____	_____
BOTTOM PIER DIA. (in/mm):	_____	_____
PIER LENGTH (ft/m):	_____	_____
LONG. REBAR SIZE:	_____	_____
ALIGNMENT:	_____	_____
BEARING STRATA DESCRIPTION:	_____	
DESIGN BEARING CAPACITY:	_____	tsf/kPa
METHOD TO CHECK BEARING (SPT, Test Hole, Visual):	_____	
BEARING CAPACITY RESULTS:	_____	
METHOD TO CLEAN HOLE (Airlift, Submersible Pump, By Hand):	_____	
METHOD TO CHECK CLEANLINESS (SID, Steel Probe, Visual):	_____	
CLEANLINESS RESULTS:	_____	
WATER INFLOW RATE:	_____ in/mm per ½ hr	WET OR DRY POUR: _____
FREE FALL/TREMIE/PUMP:	_____	
	<u>THEORETICAL VOL.</u>	<u>VOLUME PLACED</u>
CONCRETE VOLUME:	_____ yd ³ /m ³ *	_____ yd ³ /m ³ **
CONC. SLUMP (in/mm):	TRK 1 _____ TRK 2 _____	TRK 3 _____ TRK 4 _____
SPACER TYPE & SIZE:	SIDE _____	BOTTOM _____
ADDITIONAL COMMENTS/PROBLEMS:	_____	

PLAN LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____
PAY LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____
GEOTECHNICAL OPERATIONS ENGINEER: _____
RESIDENT ENGINEER: _____ INSPECTOR: _____
DRILLING CONTRACTOR: _____
GENERAL CONTRACTOR: _____

* VOLUME OF EXCAVATION FROM TOP OF PIER ELEV. (Calculate for telescoping casing.)

** TOTAL CONCRETE TICKETS VOLUME MINUS ESTIMATED WASTED CONCRETE VOLUME



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MISCELLANEOUS INFORMATION

EXCAVATION START DATE AND TIME: _____
 EXCAVATION FINISH DATE AND TIME: _____
 AGITATION DATES AND TIMES (List): _____ (Minimum every 4 hours)
 EXPOSURE TIME BELOW PERMANENT CASING: _____ hours (Not to exceed 36 hours)
 OVERREAMING DATES AND TIMES (List): _____
 TOTAL DESANDING TIME: _____ hours
 CLEANLINESS INSPECTION DATES AND TIMES (List): _____
 CONCRETE PLACEMENT START DATE AND TIME: _____
 CONCRETE PLACEMENT FINISH DATE AND TIME: _____
 TOTAL EQUIPMENT DOWN TIME (If Applicable): _____ hours
 SLURRY TYPE AND MANUFACTURER: _____

SLURRY PROPERTY TEST RESULTS

DATE	TIME	DEPTH	DENSITY* (pcf or kg/m ³)	VISCOSITY* (sec./quart or 0.95 liters)	pH*	SAND CONTENT* (%)	PERFORMED BY (check box)	
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
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_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
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_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> NCDOT

* SEE DRILLED PIERS SPECIAL PROVISION FOR ACCEPTABLE RANGE OF VALUES WHICH ARE DEPENDENT UPON SLURRY TYPE AND MANUFACTURER.